STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23287

Operator
El Paso Natural Gas Company

Address
Box 289, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	[X]	Change in Transporter of:	
Recompletion	[ ]	Oil [ ]	Dry Gas [ ]
Change in Ownership	[ ]	Casinghead Gas [ ]	Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Allison Unit	16A	Blanco Mesa Verde	~~State~~, Federal ~~or Fee~~	SF078459-B

Location
Unit Letter C : 1180 Feet From The North Line and 1620 Feet From The West

Line of Section 15 Township 32-N Range 7-W , NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X] El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 289, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X] Northwest Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 90, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	15	32-N	7-W		

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-27-79	11-19-79	6265'	6247'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top ~~Oil~~/Gas Pay**	**Tubing Depth**
6572' GL	Mesa Verde	5493'	6143'

Perforations 5493,5530,5535,5539,5550,5556,5582,5623,5629,5693,5722,5750, 5763,5769,5775,5781,5787,5793,5799,5805,5811,5817,5840,5855,5865,5880, 5920,5949,5998,6029,6044,6062,6078,6105,6129,6185, 6198'.

Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	214'	224 cu. ft.
8 3/4"	7"	3806'	353 cu. ft.
6 1/4"	4 1/2" Liner	3666-6265'	445 cu. ft.
	2 3/8"	6143'	tubing

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) SI 444	Casing Pressure (Shut-in) SI 997	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

P. G. Bisco
(Signature)

Drilling Clerk
(Title)

November 26, 1979
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 29 1979, 19__

Original Signed by A. R. Kendrick

BY _____

SUPERVISOR DISTRICT # 3

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.